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Bib Data Sheet

CONFIRMATION NO. 3137

SERIAL NUMBER 09/820,331	FILING DATE 03/27/2001  RULE	CLASS 725	GROUP ART UNIT 2611	ATTORNEY DOCKET NO. 4000.2.35
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## APPLICANTS

Charles R. Broadus, Bothell, WA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/04/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	Examiner's Signature _____ Initials _____			

## ADDRESS

32641  
 DIGEO, INC C/O STOEL RIVES LLP  
 201 SOUTH MAIN STREET, SUITE 1100  
 ONE UTAH CENTER  
 SALT LAKE CITY , UT  
 84111

## TITLE

Passive program completion status indicator for an electronic program guide

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